BEST AVAILABLE COPY

	PATENT A		CATIC Effectiv	RD				ocket Null S9 6 K					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									MALL TYPE	ENTITY	OR	OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE]	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			39	minus :	20= '	. 19	:	,	(\$ 9=	121	OR	X\$18=	342
INDEPENDENT CLAIMS				minus	3 = *	· \		;	X39=	39	OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT							 -	130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								<u> </u>	OTAL		OR	TOTAL	1130
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							s	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CL/ REM/ AF	AIMS AINING TER DMENT	***	H N PRI	IGHEST IUMBER EVIOUSLY AID-FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	9	Minus	**	3//	=	×	(\$ 9=		OR	X\$18=	
	Ind pendent	*	2	Minus	***	4	=	>	⟨39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	130=		OR	+260=	
								ADD	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								7100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT B		REM/	AIMS AINING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X	\$ 9=		OR	X\$18=	
	Ind pendent	*		Minus	***		=	\vdash	(39=		OR	X78=	-
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400			200	i
									130=		OR	+260= TOTAL	
									IT. FEE		OR	ADDIT. FEE	
	T. V		ımn 1) AIMS	<u></u>		olumn 2) IIGHEST	(Column 3)	_			1 1		
AMENDMENT C		REM/	AINING TER DMENT		PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	ATE~	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	7	P	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	<i>r</i> ·	Minus	***		=	T _x	(39=			X78=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\vdash			OR		
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
** If the intry in column 1 is less than the entry in column 2, write "0" in column 3. ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "High st Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." OR											OR ,	TOTAL ADDIT. FEE	
	The "High st Num	nber Pr	riously Pai	id For" (Total or	Indep	endent) is the	e highest number	r found-i	n the app	oropriate box	k in col	umn 1.	